

PINPOINTING TRAUMA

We typically understand Post Traumatic Stress Disorder (PTSD) as a general response to a traumatic event. Usually we talk about it in a generalised manner (the car crash, his time in Afghanistan, the labour, the rape).

However, the traumas involved in PTSD are incredibly specific and if we are to support and improve the symptoms of PTSD we must understand the specific moments that have been the most traumatic for us.

It will be a series of split second events characterised typically only by sights, tastes, sounds and feelings.

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THIS IS ACUTE TRAUMA

A worksheet to help understand how post traumatic stress disorder can present itself as part of an acute trauma response.

UNDERSTANDING PTSD

Post-traumatic stress disorder is a mental health condition caused by a traumatic experience.

Symptoms of post-traumatic stress disorder include flashbacks, nightmares, feeling very anxious and difficulty sleeping.

The main treatments for post-traumatic stress disorder are antidepressants and talking therapies.

Any situation that a person finds traumatic can cause post-traumatic stress disorder. Examples include a road accident, an assault and childbirth.

Worksheet Activity

Find a safe, quiet space and make sure you feel comfortable. This activity is likely to be emotive. You may want to have a sleep, a walk or a cuppa with a friend once you've finished.

Start by brainstorming your trauma in any form you find comfortable (eg - mind map, list, flowchart)

For each main point recreate the process until you reach specific, emotive moments and make a list of your 'pin point' traumas to reflect upon.

For help in an emergency, contact 999. If you would like more information please visit www.thisisacutetrauma.com or follow @acutetrauma on social media.

POSSIBLE TRAUMA TRIGGERS

- When you first hear about the death of someone you care about
- Seeing headlines in the newspaper
- Viewing horrible footage on social media
- Hearing a piece of emotive music
- Finding details via a court case
- Seeing a coffin
- Witnessing the response of other mourners (close family, usually)
- Sharing your experiences with others
- People's reactions to your experiences



RESPONDING TO DEATH

Grief is a normal response to death. When someone that is important to us dies, it is expected that we will follow 7 stages of grief in 12 to 24 months. When we experience Acute Trauma, the first stage of grief usually lasts 6 to 10 years.

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The seven stages of grief are defined as:

- Shock and denial; a state of disbelief and numbed feelings
- Pain and guilt
- Anger and bargaining
- Depression
- The upward turn
- Reconstruction and working through
- Acceptance and hope

Worksheet Activity

Make a list of negative grief thoughts and set yourself a thought goal for each one.

Think about how each thought needs to change. Make notes on what might make this possible.

Think about how you can make these changes part of your daily routine with new habits and structure. Start small with goal setting and work up towards achieving your thought goals.

This activity is useful when you are ready to reconstruct and work through many of your grief emotions. It will be useful to complete this activity in a number of sessions, giving yourself the opportunity to relax and reflect inbetween each one.

THIS IS ACUTE TRAUMA

A worksheet to help us think about how our responses to death and the choices we can make when we are grieving

THINKING ABOUT DEATH

When someone you care about dies, you are likely to have a variety of responses; anger, guilt, sadness and disbelief are just a few.

Over time, the way you feel about the death of someone you care about will change and it can be useful to find ways to let go of our negative responses so that we are able to feel at peace with death and remember the people we care about with happiness.

RECONSTRUCTING OUR THOUGHTS

- I am angry they have left me
- I am sad they are gone
- No one knows how much I am hurting
- I feel sad every time I think of them
- I hate the fact they have died
- I feel guilty whenever I'm not thinking of them
- I am glad that I knew them
- I am thankful that they were here
- I am lucky that we had such a close relationship
- I enjoy the great memories I have
- I am lucky I spent time with them whilst they were alive
- I know they would want me to be happy

MAKING MALDAPTIVE MEMORIES

When interviewing people that have experienced the acute trauma response, we found that almost all of them had experienced 'false' flashbacks.

These false memories are formed by what we read and see in the media and can be incredibly distressing.

Understanding the media and making note of our own narrative over time helps us change the way we process information and in turn shapes and informs the memories that we store.

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Worksheet Activity

If you are able to do so, annotating coverage of your acute trauma is helpful. Make notes about what you know to be true, how comments make you feel and why you think reporters have written information as they have.

Use your own voice as much as possible and share your understanding, thoughts and feelings about your acute trauma using as many mediums as possible including scrap booking, letter writing and video diaries.

Making your own 'media' regularly, to document your experiences and the way you think and feel about them is incredibly useful.

THIS IS ACUTE TRAUMA

A worksheet to help us understand the way the media can determine our narrative and affect our own memories of an acute trauma

THINKING ABOUT AUTO CORRECT

For a moment, think of your brain as a mobile phone. Although our phones do what we tell them to and effectively respond to our input most of the time, auto correct can often make messages sound like nonsense or send messages that say something totally different to what we intended to.

Sometimes our brain 'auto corrects' and when we are surrounded by information about a traumatic death, our auto correct can mean we remember things that didn't really happen or stick snippets of information together to create memories that aren't real.

UNDERSTANDING THE MEDIA

Media Coverage plays a critical role in our acute trauma response. Understanding the way journalists operate, recognising the business or reporting and thinking about the role of headlines can help us process the details of our own acute trauma more effectively.

Spend some time exploring the media and it's connection with social media and online behaviour, too.

TRAUMA LABELS

When we experience an acute trauma, we are usually immediately given some labels that can include things such as being brave, strong, a victim, a survivor. We may be called courageous, inspirational and unfortunate; all of which dictate how we feel about ourselves.

After an acute trauma it is normal to be unsure about how to respond or react and we may feel things we don't fully recognise. The labels other people give us often shape how we recognise and respond to our thoughts which can be limiting and dangerous in both the short and long term.

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THIS IS ACUTE TRAUMA

This worksheet helps to critically evaluate the labels that are given to us when we experience acute trauma and what they can mean for our emotional well being.

SELF FULFILLING PROPHECY

A self-fulfilling prophecy is the socio-psychological phenomenon of someone "predicting" or expecting something, and this "prediction" or expectation coming true simply because the person believes it will and their resulting behaviours will align to fulfil that belief

Worksheet Activity

Think about all the labels that others have given you and list them on a piece of paper.

Highlight the labels that you can most relate to and for each label write a word with the opposite meaning.

Take each of the words and think about what you might feel if you were given that label. How would you think about yourself? What emotions might you have? What thoughts would you share?

Changing the way we respond to labels will take time and effort. Consistency is important and making small steps regularly will be the most effective approach to facilitating change.

THE IMPORTANCE OF PERMISSION

Labels have a complex relationship with our thoughts. When we accept one label we lose the opportunity to think and feel things associated with another.

For example, if we label ourselves as a survivor, it makes it difficult for us to express our anger, hurt and sadness as a victim. If we label ourselves as strong, it can be difficult to feel vulnerable.

As we respond to our acute trauma, it is vital that we have permission to feel a full spectrum of thoughts and feelings regardless of how we or society label them.



ESTABLISHING EMPATHY

Often when you experience an acute trauma, you will not know anyone else that has experienced anything similar and the lack of empathetic connection can make you feel vulnerable, isolated and alone.

To maintain social connection during an acute trauma response, it often means the onus is on us as individuals to maintain healthy relationships by being empathetic and understanding of the challenges our experiences can bring to existing relationships. These challenges can include not knowing what to say, being unsure of boundaries or feeling guilty about your experiences.

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THIS IS ACUTE TRAUMA

This worksheet is designed to help you improve the quality of your relationships after an acute trauma.

THE IMPORTANCE OF EMPATHY

Empathy allows people to build social connections with others. By understanding what people are thinking and feeling, we are able to respond appropriately in social situations. Research has shown that having social connections is important for both physical and psychological well-being.

Empathising with others helps you learn to regulate your own emotions. Emotional regulation is important in that it allows you to manage what you are feeling, even in times of great stress, without becoming overwhelmed.

Worksheet Activity

Think of the key people in your life and list the ways they have been behaving and things they have been saying to you since your acute trauma.

For each person, make notes about what they might be feeling. Ask yourself, what are they worried about? What are they trying to do or achieve in their interactions with you? Think about how your acute trauma experience may have affected them, how might they be feeling and how might it make them approach your relationship?

Although we are asking you to imagine how others might be feeling in this task, if you feel comfortable doing so, having conversations with important people in your life might be useful, too.

BUILDING HELPFUL HABITS

Empathy isn't something that comes naturally to us and it can become more difficult to be empathetic when we are responding to an acute trauma or otherwise struggling with our mental health.

Although we may be empathetic in many areas of our lives, being empathetic in our acute trauma response is challenging.

Making it a habit will take time. It is beneficial to start small with simple goals, manageable tasks and minor changes that you can comfortably develop over time.

THINKING ABOUT ROLE MODELS

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UNDERSTANDING THE ROLE OF GUILT

Guilt can be used to help us make appropriate decisions and regulate our behaviours. However, an excessive presence of guilt can lead to us a variety of unhealthy emotions

In the context of Acute Trauma, guilt is often sudden, extreme and difficult to resolve. When left, guilt corrodes our self esteems, our sense of worth and will rapidly drive destructive and self sabotaging relationships.

Guilt can lead us to believe we don't deserve to be free of our pain and trauma.

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